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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/646,304
Filing Date	August 21, 2003
First Named Inventor	Samuel I. STUPP et al.
Art Unit	1854
Examiner Name	Marcela M. Cordero Garcia
Attorney Docket Number	NANO 104 US2 (NU 22070)

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

000062249

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

000062249

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Samuel I. STUPP		
Date	10/16/06	Telephone	847 491 3002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

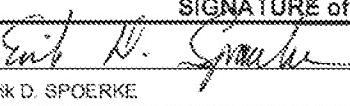
*Total of 4 forms are submitted.

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	First Named Inventor	Samuel I. STUPP et al.
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OR <table border="1"> <tr> <td><input type="checkbox"/> Firm or Individual Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>State</td> <td></td> <td>Zip</td> </tr> <tr> <td>Country</td> <td colspan="3"></td> </tr> <tr> <td>Telephone</td> <td>Email</td> <td colspan="2"></td> </tr> </table>			<input type="checkbox"/> Firm or Individual Name				Address				City	State		Zip	Country				Telephone	Email		
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Address																						
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Country																						
Telephone	Email																					
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SIGNATURE of Applicant or Assignee of Record																						
Signature																						
Name	Erik D. SPOERKE																					
Date	10/18/2006	Telephone (505) 294-4079																				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																						
<input checked="" type="checkbox"/> *Total of <u>A</u> forms are submitted.																						

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**REVOCATION OF POWER OF
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Application Number	10/646,304
Filing Date	August 21, 2003
First Named Inventor	Samuel I. STUPP et al.
Art Unit	1654
Examiner Name	Marcela M. Cordero Garcia
Attorney Docket Number	NANO 104 US2 (NU 22070)

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OR

I hereby appoint the practitioners associated with the Customer Number: 000062240

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number: 000062240

OR

<input type="checkbox"/>	Firm or Individual Name
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Address			
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City	State	Zip	.
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Country			
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Telephone	Email
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I am the:

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SIGNATURE of Applicant or Assignee of Record

Signature	<i>Shawn G. Anthony</i>		
Name	Shawn G. ANTHONY		
Date	9/29/06	Telephone	724-696-9298

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below.

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**REVOCATION OF POWER OF
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Application Number	10/845,304
Filing Date	August 21, 2003
First Named Inventor	Samuel I. STUPP et al.
Art Unit	1654
Examiner Name	Marcia M. Cordero Garcia
Attorney Docket Number	NANO 164 US2 (NU 22070)

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 000062248

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number: 000062248

OR

Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

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Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Krista L. NIEGE

Date

10/25/06

Telephone

847-708-3711

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